WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND DISABILITY SERVICES ADMINISTRATION
SENIOR NUTRITION PROGRAM STANDARDS

TABLE OF CONTENTS

SENIOR NUTRITION PROGRAM STANDARDS

I. PROGRAM DEFINITION AND PURPOSE

The Senior Nutrition Program consists of both Congregate and Home-Delivered Nutrition Services to help increase the nutrient intake of older individuals who might not eat adequately, and, through better nutrition, assist them to remain healthy and independent in their communities. Hot or other appropriate meals are served five or more days per week, where feasible. Each meal served contains at least one-third of the current Recommended Dietary Allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. A variety of nutrition services may also be provided, such as nutrition assessment, education, therapy, and counseling.

Congregate Nutrition Services (CNS) are offered in a variety of settings, such as senior and community centers, churches, schools, and adult day care facilities. In these settings, participants are given the opportunity to form new friendships and to interact in a social environment. In addition to nutrition services, supportive services, such as transportation, shopping assistance, physical activity programs, health screening, health promotion, and other services may be available.

Home-Delivered Nutrition Services (HDNS) provide nutritious meals delivered to individual residences and other nutrition services to older persons who are normally unable to leave their homes without assistance and are vulnerable according to the criteria in Section III. Services are intended to maintain or improve the nutritional status of these individuals, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, or other residential care facilities.

The CNS and HDNS are authorized by the Older Americans Act, Public Law 106-510, codified at 42 U.S.C. 3030e through 3030g. The Nutrition Services Incentive Program (NSIP) is codified at 42 U.S.C. 3030a.

II. FUNDING

The Senior Nutrition Program may be funded by Older Americans Act Titles IIIB, C and E, and the Nutrition Services Incentive Program (NSIP); the Senior Citizens Services Act; local public and private funds; and income generated by the program, including voluntary contributions from participants.

Funding Source	Allowable Uses	Prohibited Uses/Conditions
OAA Title IIIB	Any program costs for eligible participants	Costs must be allowable under applicable OMB Circulars and the AAA contract
OAA Title IIIC Subparts 1 and 2	Any program costs for eligible participants	Costs must be allowable under applicable OMB Circulars and the AAA contract
OAA Title IIIE	Costs for meals or other nutrition services for caregivers under 60	Use of IIIE must be in the AAA FCSP Plan and contract with the provider
NSIP	U.S. produced food	Any program costs other than U.S. produced foods
SCSA	Any program costs for eligible participants	Costs must be allowable under applicable OMB Circulars and the AAA contract
Local public or private funds	Determined by the fund source	Determined by the fund source
Program income (participant contributions or other income generated by the program)	To expand the service for which the contribution was made.	Participant contributions may not be spent on costs for services other than those for which the contributions were made. Program income must be spent prior to OAA funds. Accumulation of one month's worth of income is allowable.

III. TARGET POPULATION AND ELIGIBILITY

A. Congregate Nutrition Services

Any individual aged 60 and over is eligible for CNS, however, services should be targeted to individuals aged 60 and over who are unable to prepare meals for themselves because of:

1. A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, OR

2. Lack of knowledge or skills to select and prepare nourishing and well balanced meals, OR
3. Lack of means to obtain or prepare nourishing meals, OR
4. Lack of incentive to prepare and eat a meal alone.

Other individuals who are eligible for a meal are:

1. The primary participant's spouse, regardless of age;
2. Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided;
3. Individuals with disabilities, regardless of age, who reside at home with and accompany older eligible individuals to the congregate site;
4. Individuals, regardless of age, providing volunteer services during the meal hours;
5. An eligible participant's unpaid caregiver aged 18-59 or over whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

To the degree feasible, the provider shall ensure that preference is given to those individuals aged 60 and over who meet the vulnerability criteria in Attachment I, with further preference given to low-income and minority individuals.

In accordance with the AAA or service provider policy and the funding available, the following individuals may be served a congregate meal once the needs of the eligible population have been met:

1. Staff of the nutrition program;

2. Individuals 60 and older for whom a meal is provided through another source, such as the facility at which they reside;

3. Anyone who pays the full cost of the meal.

To the degree feasible, the provider shall ensure that preference is given to low-income and minority individuals.

B. Home-Delivered Nutrition Services

To be eligible for HDNS, individuals must be aged 60 and older and:

1. Homebound; the definition of homebound is normally unable to leave home unassisted, and for whom leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services.

   AND

2. Unable to prepare meals for themselves because of:
   a. A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, OR
   b. Lack of knowledge or skills to select and prepare nourishing and well balanced meals, OR
   c. Lack of means to obtain or prepare nourishing meals, OR
   d. Lack of incentive to prepare and eat a meal alone.

   AND

3. Meet the vulnerability criteria. A person is considered vulnerable if s/he:
   a. Is unable to perform one or more of the activities of daily living (ADL's) or instrumental activities of daily living (IADL's) listed below without assistance due to physical, cognitive, emotional, psychological or social impairment.

      Activities of daily living are eating, dressing, bathing, toileting, transferring in and out of bed/chair, walking.

      Instrumental activities of daily living are preparing meals, shopping, medication management, managing money, using the telephone, doing housework, transportation.

   OR

   b. Has behavioral or mental health problems that could result in premature institutionalization; or is unable to perform the activities of daily living listed in #1, or is unable to provide for his/her own health and safety, primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent;

   AND

   c. Lacks an informal support system: Has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

Other individuals who are eligible for a home-delivered meal, if resources are available, are:

1. The spouse, regardless of age, of a participant receiving home-delivered meals funded through OAA or the Medicaid Waiver home-delivered meal service (COPES);
2. Individuals with disabilities who are not older individuals but who reside in the same home with other individuals eligible for the service;
3. Individuals, regardless of age, providing volunteer services in the home-delivered meals program.
4. An eligible participant's unpaid caregiver aged 18-59 or over whose meal is paid for through Title IIIE Family Caregiver Support Program or other funds.

To the degree feasible, the provider shall ensure that preference is given to low-income and minority individuals.

Waiting list policies shall be developed by the AAA and HDNS provider in consultation with eligible participants.

In accordance with the AAA or service provider policy, the following individuals may be served a home-delivered meal once the needs of the eligible population have been met:

1. Staff of the nutrition program;
2. Anyone who pays the full cost of the meal.

C. Participant Assessments for Home-Delivered Nutrition Services

Each HDNS service provider must assess individuals requesting home-delivered meals for eligibility according to the criteria in Section IIIB. The HDNS provider may conduct the assessment or have a formal written agreement with another program to conduct the assessment.

There shall be an initial in-home assessment and subsequent periodic in-home reassessments of the older person. Initial assessments should be completed within two weeks of the participant's first meal. Subsequent reassessments should be completed annually or sooner if an assessment indicates the participant will need home-delivered meals on a temporary rather than permanent basis, e.g., the participant is recovering from surgery or illness, and is expected to recover their ability to provide for themselves nutritionally.

The written agreement between the home-delivered nutrition program service provider and the program responsible for doing the assessments (if they are not the same) should include the following information:

1. Responsibilities and obligations of each program;

2. Specific programmatic procedures to be followed by each program;

3. Assessment form to be used;

4. Orientation and/or training regarding the HDNS and the assessment process.

A HDNS provider which will do its own assessment must also establish specific written procedures on how the assessments will be conducted.

The assessment of each individual must include a determination of eligibility according to the criteria for HDNS (Section IIIB), however it should focus not only on the individual's deficits but also on his or her strengths and informal supports so that those with the greatest need receive the service when resources are limited. The assessment of strengths and informal supports should furnish answers to alternate means of providing services or assistance.

It is recommended that the nutrition risk screening be incorporated into the assessment, as well as questions to obtain the data required by the AAA and ADSA for reporting purposes.

With the consent of the older person, or his or her representative, conditions or circumstances which place the older person or the household in imminent danger must be brought to the attention of appropriate officials for follow-up.

IV. AVAILABILITY AND FREQUENCY OF SERVICES

CNS providers must serve hot or other appropriate meals at least once a day, five or more days per week. CNS meals may be hot or cold. HDNS providers must provide five or more home-delivered meals per week. Home-delivered meals may be hot, cold, frozen, dried, or shelf-stable with a satisfactory storage life. If a provider operates both CNS and HDNS, the five days per week frequency requirements must be met for congregate and home-delivered meals independently, e.g., if the provider delivers 7 meals to home-delivered participants, congregate meals must still be served on 5 or more days per week.

Exceptions to the frequency of service may be made for CNS:

1. in a rural area or where such frequency is not feasible, and a lesser frequency is approved by the AAA;
2. in the case of a provider serving an ethnic community, where such frequency is not feasible, and there are other congregate nutrition sites in the area open on the days the ethnic provider is closed.

When funding permits, service providers should consider, where feasible and appropriate, serving two or more meals per day, seven days a week, and providing meals on holidays.

Written program objectives related to the number and frequency of meals to be served by the provider and the service level of nutrition education and, if provided, nutrition outreach, must be developed by or for the service provider. These objectives must be specific, verifiable, and achievable.

There should be written procedures to be followed by the service provider in the event of weather-related or other emergencies, disasters, or situations which may interrupt congregate meal service, home deliveries, or the transportation of participants to the nutrition site.

In no way may a nutrition program operated by specific groups, such as churches, social organizations, senior centers or senior housing developments restrict participation in the program to their own membership or otherwise show discriminating preference for such membership.

V. LOCATION OF CONGREGATE NUTRITION SERVICES

Congregate nutrition sites must be located where there are major concentrations or high proportions of the target group of older persons. They must be located close to, and preferably within walking distance of, areas where members of the target group reside. Examples of appropriate congregate nutrition site locations are community centers in low-income areas, subsidized housing complexes, senior centers, schools, adult day services, and religious facilities. Congregate nutrition sites located in communities where there are significant numbers of minorities should make special efforts to serve these minorities.

VI. PROGRAM SERVICES

A. Nutritious Meals

Nutritious meals are served to the eligible population in congregate settings, enabling participants to socialize and participate in other activities that may be provided, and delivered to the homes of eligible participants who have difficulty leaving their homes unassisted. Meals must contain at least one-third of the current Recommended Dietary Allowances (see Section VIIE Menus and Menu Planning for detailed nutrient requirements).

B. Nutrition Risk Screening

Nutrition screening is a first step in identifying individuals at nutritional risk or with malnutrition. The OAA requires nutrition programs to provide nutrition risk screening. At a minimum, nutrition program service providers must administer the 10 questions from the Nutrition Screening Initiative Checklist (NSI Checklist, Appendix I, http://www.aafp.org/x17367.xml) to participants and determine their nutrition risk scores. HDNS providers may administer the NSI checklist alone or incorporate the questions into the participant assessments. The number of participants determined to be at high risk must be included in the data submitted to the AAA for the State Performance Report to the Administration on Aging.

For participants whose screening indicates nutritional risk, service providers should suggest they bring the checklist to their doctor, dietitian or other qualified health or social service professional and ask for help to improve their nutritional health.

C. Nutrition Education

Good nutrition prolongs independence by maintaining physical strength, mobility, endurance, hearing, vision, and cognitive abilities. Eighty-seven percent of older Americans have one or more chronic diseases that can be improved by nutrition therapy, including cancer, chronic lung disease, heart disease, dementia, diabetes mellitus, high blood cholesterol, high blood pressure, osteoporosis, obesity and overweight, and failure to thrive[1].

Nutrition education can be defined as any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being. It is an integral part of providing nutrition services to older persons.

Nutrition services providers must conduct nutrition education activities, consistent with the goals and content described below, at a minimum of two times per calendar year. Providers are encouraged to use existing nutrition education resources from the Basic Food Nutrition Education Program, Washington State University Cooperative Extension, Senior Farmers Market Nutrition Program, or Department of Health's 5-a-Day Program.

Nutrition education should include information on physical activity in addition to nutrition. In recognition of the importance of physical activity on health and the prevention of disease, the Dietary Guidelines for Americans recommend being physically active each day. Regular physical activity sustains the ability of older adults to live independently, and benefits individuals with arthritis and those with depression and anxiety. It may reduce the risk of cognitive decline in older adults, and is effective in helping to manage many chronic diseases.

1. Nutrition Education Goals

    a. To create positive attitudes toward good nutrition and physical activity and provide motivation for improved nutrition and lifestyle practices conducive to promoting and maintaining the best attainable level of wellness for an individual.

    b. To provide adequate knowledge and skills necessary for critical thinking regarding diet and health so the individual can make healthy food choices from an increasingly complex food supply.

    c. To assist the individual to identify resources for continuing access to sound food and nutrition information.

[1] *Draft Nutrition Screening Initiative Policy Statement:* Nutrition: Proven Effective in Managing Chronic Disease in Older Americans

2. Nutrition Education Content

   The Dietary Guidelines, which include maintenance of a healthy weight, daily physical activity, food safety, and moderation of alcohol intake should serve as the framework for all nutrition education activities. The Dietary Guidelines can be found at http://www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm.

   A nutrition education program makes available information and guidance pertaining to:

   a. Food, including the kinds and amounts of food that are required to meet one's daily nutritional needs.

   b. Nutrition, including the combination of processes by which the body receives substances necessary for maintenance of its functions and for growth and renewal of its components, i.e., ingestion, digestion, absorption, metabolism, and elimination.

   c. Behavioral practices, including the factors which influence one's eating and food preparation habits.

   d. Consumer issues, including the management of food purchasing power to obtain maximum food value for the money spent.

   e. Information on physical activity.

   f. Information on the roles of nutrition and physical activity in maintaining health and independence, and preventing or managing chronic diseases such as diabetes, heart disease, high blood pressure, osteoporosis, and arthritis.

3. Nutrition Education Activities

   Nutrition education consists of activities which provide visual and verbal information and instruction to participants or participants and caregivers in a group or individual setting. The presentations or activities may be led by an RD or ICE, or someone else overseen by an RD or ICE. The minimum length of one nutrition education presentation is five minutes.

   Examples of nutrition education activities include: presentations, cooking classes, food preparation demonstrations, field trips, plays, panel discussions, planning and/or evaluating menus, food tasting sessions, question and answer sessions, gardening, physical fitness programs, videos, etc. For home-delivered participants, activities can include the distribution of educational materials.

When nutrition education is being provided by the nutrition program service provider, all costs associated with the delivery of nutrition education services must be budgeted and

charged appropriately to that service.

D. Nutrition Therapy

Nutrition therapy includes assessment of nutritional status, evaluation of nutritional needs, and interventions or counseling to achieve optimal outcomes. Nutrition counseling, as a component of nutrition therapy, is the provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, working with the individual's physician as appropriate.

If provided by the nutrition program, nutrition therapy or counseling must be provided by an RD or ICE. The service includes:

1. Assessing present food habits, eating practices and related factors.
2. Developing a written plan for appropriate nutrition intervention.
3. Assisting the individual to implement the written plan.
4. Planning follow-up care and evaluating achievement of objectives.

E. Nutrition Outreach

Nutrition outreach is an activity designed to seek out and identify, on an ongoing basis, the hard-to-reach, isolated, and vulnerable target group of eligible individuals throughout the program area. Nutrition outreach should be provided as necessary to reach the target population. It may be provided by the AAA, nutrition services provider, or by another contracted provider on behalf of one or more nutrition services providers.

When nutrition outreach is being provided by the nutrition program service provider, all costs associated with the delivery of nutrition outreach services must be budgeted and charged appropriately to that service.

F. Referral to Information and Assistance

Subject to participant consent, all participants who appear to have need for other services should be referred to the Information an Assistance Program.

G. Information and Referral to Basic Food Program

The nutrition program service provider must provide information for participants to take advantage of benefits available to them under the Basic Food Program. The Basic Food Program helps low-income individuals and families obtain a more nutritious diet by supplementing their income with Basic Food benefits to purchase food. Basic Food Assistance can be applied for at local Community Services Offices or online using the Online Application for Services, https://wws2.wa.gov/dshs/onlineapp/introduction_1.asp.

Providers must coordinate their activities with local agencies that conduct outreach for the Basic Food Program to facilitate participation of eligible older persons in the program.

VII. PROGRAM ADMINISTRATION

A. Organizational Structure

CNS and HDNS services may be provided independently or by the same provider. They may be provided under the auspices of a parent agency including, but not limited to, a Community Action Agency, Council on Aging, senior center, public or private school, hospital, housing authority, county health department, parks and recreation department, city or county government, Indian Tribal Council, or by an agency that is independent and not part of a larger organization.

HDNS providers may also contract to provide Medicaid waiver (COPES) home-delivered meals but must account for program revenue and expenditures separately.

The service provider should develop a written agreement, or contract if necessary, with each agency or organization where a congregate nutrition site or home-delivered food preparation site is located. Each agreement or contract should specifically address the following issues between the nutrition program and the agency or organization allowing the nutrition program to use its facilities:

1. Responsibilities and obligations of each party, including compliance with these standards;
2. Staffing interrelationships;
3. Costs or payments, if any, to be paid or incurred by either party;
4. Days and hours the congregate nutrition site will operate and provide services in the agency's or organization's facility, or for HDNS, days meals will be delivered.
5. Other matters as necessary to operate the nutrition program according to these standards.

B. Staffing

The service provider should employ an adequate number of qualified personnel to assure satisfactory conduct of the program. Preference should be given to persons age 60 or over in the hiring for all positions when other qualifications are equal.

The staffing pattern should include:

1. Nutrition Program Director: The program director should be empowered with the necessary authority to conduct the day-to-day management and administrative functions of the program. The director may be hired on a part-time or full-time basis, at the discretion of the AAA, as long as the staff time allocated is adequate to fulfill the responsibilities of the position.

   Program directors should have management or supervisory experience and a background in food, nutrition, or food service management, which can be fulfilled by education or experience in the food service industry.

2. Registered Dietitian: The Older Americans Act requires CNS and HDNS to be carried out with the advice of "a dietitian or individual with comparable expertise." For the purpose of these standards, a dietitian shall be defined as a dietitian registered by the Commission on Dietetic Registration (Registered Dietitian or RD). An individual with comparable expertise (ICE) is defined as a nutritionist according to RCW 18.138, which requires a master's or doctorate degree in one of the following areas: human nutrition, nutrition education, foods and nutrition, public health nutrition, or nutrition sciences. It is recommended that the RD or nutritionist be certified by the State of Washington in accordance with RCW 18.138.

   An RD or ICE must be available to the service provider for the planning and provision of nutrition services, either on staff, under contract, or in a volunteer capacity.

   The required responsibilities of the RD or ICE are:

   a. assist in the development of menus;
   b. certify that all meals meet the nutrient requirements as defined in the section on menu planning;
   c. provide consultation on food quality, safety, and service;
   d. plan meals prepared to meet special dietary or therapeutic needs, if provided by the program;
   e. assist with the development of program objectives related to nutrition education;
   f. provide directly or oversee the provision of nutrition education;
   g. assist with the development of program objectives related to nutrition therapy services, and provide nutrition therapy, where the nutrition program has allocated the resources to provide the service.

   Additional responsibilities may include staff training and other activities based upon the needs and priorities established for the program. These needs and priorities should be jointly established by the AAA and the service provider.

3. Other Personnel: The method used to provide meals, nutrition education, and nutrition outreach will determine the number and type of permanent, consultant, or volunteer personnel required to manage the nutrition program and provide fiscal, administrative and clerical support.

C. Training and Other Staff and Volunteer Requirements

1. Safe Food Handling Practices
   All staff involved in the handling of food must have training on safe food handling practices prior to beginning food handling duties if the worker does not hold a valid food worker card. These staff must receive the required food worker training and obtain a food worker card, according to local health department requirements and WAC 246-217 (Appendix II), within fourteen calendar days of beginning paid or volunteer work. The provider must document the health department requirements relevant to each site and develop its policies in response.

2. Orientation and In-Service Training
   All staff, both paid and volunteer, should receive orientation before providing nutrition program services.

   The service provider should provide in-service training on a regular basis for all staff, paid or volunteer, engaged in implementing the program. Such training should be designed to enhance each staff member's performance of his/her specific job responsibilities, take into account requests for training from staff, and be designed to resolve problems identified during the AAA assessment of program performance.

   Each service provider should have a written training plan describing the content of orientation and the subject matter expected to be covered during in-service training. The dates and content of training actually provided should be documented.

   As allowed by the funding source (refer to chart in Section II. Funding), nutrition program funds may be used to pay for costs to local, statewide or out-of-state training in accordance with AAA policies.

3. Emergency Procedures
   A written plan which describes procedures to be followed in case a CNS or HDNS participant becomes ill or is injured should be thoroughly explained to staff, volunteers and participants, and should also be posted in at least one visible location in each congregate nutrition site. Staff should also be trained in emergency and evacuation procedures.

4. Criminal Background Checks
   HDNS providers must conduct criminal history background checks, as allowed by RCW 43.43.830-43.43.834, for all employees or volunteers who will have unsupervised access to participants. Unsupervised is defined at RCW 43.43.830 as not in the presence of:

   (a) Another employee or volunteer from the same business or organization as the applicant; or
   (b) Any relative or guardian of any of the children or developmentally disabled persons or vulnerable adults to which the applicant has access during the course of

his or her employment or involvement with the business or organization.

D. Physical Facilities and Equipment for Congregate Nutrition Services
Each congregate nutrition site must meet the following requirements related to physical facility and equipment:

1. Be in compliance with federal, state and local fire and building codes. Programs must have the local or state fire marshal conduct a fire and life safety inspection of each site prior to opening and annually thereafter. The most recent inspection report or a copy shall be on file at the nutrition site. At sites where a timely inspection can not be obtained, documentation of efforts to obtain an inspection and the alternative actions taken to address building safety issues must be kept on file.

   In areas where there is difficulty obtaining an annual inspection, the AAA shall work with the provider to obtain an inspection or provide for alternative ways to address building safety issues.

2. Be in compliance with the Americans with Disabilities Act. At a minimum:

   a. Be free of architectural barriers that limit the participation of people with disabilities.
   b. Make special provisions as necessary for the service of meals to persons with disabilities.
   c. Have available for use upon request adaptive food containers and utensils for individuals with disabilities.

   It is recommended that a self-assessment for ADA compliance be conducted at each site annually or after remodeling, and for new facilities, prior to opening. Sample assessments are provided in Appendix III.

3. Provide for a permanent or temporary separation between the dining area and the food preparation area when food is prepared and served in the same facility.

4. Be located in a facility where all participants will feel free and comfortable to visit. Selection must take into consideration the type and location of the facility so as not to offend the cultural and ethnic preferences of eligible persons in the program area.

5. Have equipment, including tables and chairs, that is sturdy and appropriate for older persons. Tables should be arranged to ensure a pleasant atmosphere for dining and encourage maximum socialization among participants. Adequate aisle space should be provided between tables to allow persons with canes, walkers or crutches to walk with ease and to accommodate wheelchairs.

6. Provide tableware and flatware, including plates, glasses, cups, forks, spoons, and knives, which is appropriate for older persons. The service provider may not

ask or require participants to bring their own tableware and flatware for use at the congregate nutrition site.

E. Menus and Menu Planning

1. Menu Planning
   The special needs of the elderly must be considered in menu planning, food selection, meal preparation and meal presentation. Participants should be involved in the menu planning process, and participant food preferences (e.g., likes and dislikes, cultural preferences) must be solicited in the development of menus.

2. Nutrient Requirements
   If the nutrition provider serves one meal a day, each meal served must contain at least one-third of the current Recommended Dietary Allowances (RDA)/Adequate Intakes (AI) and not exceed one-third of the Upper Limits (UL) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. If two meals a day are provided to a participant, the combination of both meals will provide a minimum of 66 2/3 percent of the allowances. If three meals a day are provided, the combination of all three meals will provide 100 percent of the allowances.

   The most current RDA and AI values published by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences shall be used. The highest value for each individual nutrient listed for ages 51-70 and 70+ will serve as a basis for nutrient calculation. Two resources for information on the RDA/AI are http://www.nal.usda.gov/fnic/etext/000105.html or http://www.fiu.edu/~nutreldr/.

   When a change in dietary standards has been published, the new value for key nutrients should be used as a basis for meal planning. The new value should be adopted within a reasonable amount of time, not to exceed one year after publication.

   The nutrients which must meet one-third of the Recommended Dietary Allowances in each meal are protein, fiber, fat, calcium, Vitamin A (preferably vegetable-derived), Vitamin C, Vitamin B6, Vitamin B12, sodium, zinc and magnesium. Other nutrients may be averaged over a week's meals.

   To meet the Dietary Guidelines and enhance the quality and health benefits of meals served, providers should strive to plan menus that:

   a. Use whole grain foods and enriched breads;
   b. Provide a variety of fruits and vegetables, including fresh, locally grown where available;
   c. Use fat-free or low-fat dairy products, cooked dry beans and peas, fish, lean meats and poultry to lower total fat;
   d. Use herbs and spices to flavor foods and limit the total amount of sodium to

800-1200 milligrams per meal;

e. Aim for total calories from fat to 30% or less, and of that only 10% of calories from saturated fat;
f. Limit the use of products containing hydrogenated or partially hydrogenated oils (trans fatty acids);
g. Moderate the amount of sugar in each meal, limit baked goods and offer fruit as a dessert choice.

3. Nutrient Analysis

Nutrition providers are strongly encouraged to use computerized nutrient analysis to assure meals are in compliance with nutritional requirements. For providers without access to nutrient analysis software, the menu pattern must be followed:

Menu Pattern

Food Group	Servings per meal/portion size	Dietary Guidelines
Bread or Bread Alternate	2 servings (1serving equals 1 slice bread; 1/2 cup cooked pasta, rice or cereal; 1 cup cold cereal).	6-11 servings daily. Eat a variety of grain products, including several servings of whole grain (high fiber) foods.
Vegetable	2 servings (1 serving equals ½ cup; 1 cup leafy; 3/4 cup 100% vegetable juice). An additional vegetable may be served in place of a fruit	3-5 servings daily. Eat a variety of types and colors of vegetables, including dark-green leafy, orange vegetables, cooked dry peas and beans.
Fruit	1 serving (1 serving equals one medium whole fruit; ½ cup chopped, cooked, or canned; 3/4 cup 100% fruit juice). An additional fruit may be served in place of a vegetable	2-3 servings daily. Eat a variety of fruits, including deeply colored such as orange fruits.
Milk or Milk Alternate	1 serving (1 serving equals 1 cup fluid milk; 1 cup yogurt; 1 cup tofu processed with calcium salt; 1 1/2 oz. natural cheese)	3 servings daily. Select low fat products. Watch “alternative” milks as they may lack calcium and Vitamins A and D.
Meat or Meat Alternate	1 serving (1 serving equals 2.5-3 oz meat, fish poultry; 3 eggs;3 oz cheese; 1 1/2 cups cooked dried beans, peas, or lentils; 7 oz soyburger; 6 tbsp peanut butter or 1 cup nuts; 3/4 cup cottage cheese; 1 1/2 cups tofu)	2 servings daily, total of 6 ounces. Choose fish, shellfish, lean poultry or other lean meats, beans or nuts daily. Trim fat from meat and take skin off poultry. Limit intake of high-fat processed meats like bacon, sausage, cold cuts.
Fats	1 serving (1 serving equals 1 teaspoon or equivalent measure)	Select foods low in fat, saturated fat, trans fats, and cholesterol. Choose vegetable oils rather than solid fats (meat and dairy fats, shortening). Limit total fat to 30% and saturated fat 10% of calories.
Dessert	Serving size varies; dessert is	Select foods high in whole

	optional	grains, low in fat and sugars

Whether meals are analyzed using analysis software or a meal pattern is used, menus must be certified by signature of a Registered Dietitian or ICE that each meal or the week's meals meets the nutrient requirements. AAAs may require providers to submit documentation regularly or review documentation at annual monitoring visits, or some other method to ensure compliance.

4. Food Substitutions

Each meal certified as meeting the nutrient requirements should be served as written. If the meal cannot be served or is not acceptable to the participants, this should be brought to the attention of the program director and Registered Dietitian or ICE involved in planning menus.

Food substitutions should be of similar nutritional value and may not reduce or significantly alter the nutritional content of the meal. Food substitutions should be approved by the program director, Registered Dietitian, ICE, or the person responsible for the food service. Any deviation from the certified Menu Pattern or Nutrient Analysis must be documented and initialed on the service provider's official file copy of the Menu Pattern or Nutrient Analysis form. Food substitutions at the time of food preparation and serving should be infrequent.

5. Special Menus and Therapeutic Diets

The service provider must provide meals that, to the extent practicable, are adjusted to meet any special dietary needs or cultural preferences of program participants. In determining practicability, the provider should consider:

a. whether there are a sufficient number of persons who need a special menu to make the provision practical; and
b. whether the food and skills necessary to prepare the special menus are available to the program.

Making special menus available will help encourage certain targeted groups of older persons to participate in the nutrition program when the lack of special menus would deny their participation. The service provider may not ask or require participants to absorb the added costs (if any) of having special menus.

Therapeutic diets (modified diets) represent one classification of special menus a service provider may offer to its participants. A therapeutic diet is a treatment diet based on the normal diet and designed to meet the requirements of a given situation. Therapeutic diets may be modified in individual nutrients, caloric values, consistency, flavor, techniques of food preparation, content of specific foods, or combinations of the preceding.

A current therapeutic diet prescription (no older than six months) should be signed by the participant's physician, RD, or ICE and filed in the service provider's official files.

Programs choosing to provide therapeutic diets should ensure the diets are planned, prepared and served under the supervision and/or consultation of a Registered Dietitian or ICE. Training and monthly supervision of food service personnel responsible for the preparation of therapeutic diets should be provided by a Registered Dietitian or ICE.

Vitamins, minerals and/or food supplements, with the exception of liquid meals that meet the criteria described below, may not be provided with nutrition program funds.

The provision of liquid meals is generally discouraged. They may be used only when:

a. they are provided to a participant who has been determined to be at nutritional risk through the nutrition risk screening or by a medical professional, Registered Dietitian, or ICE, and they are in addition to a standard meal which meets the requirements in these standards; OR

b. as a replacement for a standard meal only when approved by a medical professional, Registered Dietitian, or ICE as part of a participant's nutritional plan.

F. Food Service Sanitation and Safety

Compliance with federal, state, and local fire, health, sanitation, safety and building codes, regulations, licensure requirements, and other provisions relating to the public health, safety, and welfare applicable to each congregate nutrition site, food preparation site, and food service vendor/caterer used in the nutrition program is required in all stages of food service operations.

Specifically regarding food, food service, and the food worker, the service provider must comply with Washington Administrative Code (WAC) 246-215, Food Service; WAC 246-217 Food Worker Cards; Revised Code of Washington (RCW) 69.06 Food and Beverage Establishment Workers' Permits. (Appendix II)

1. Inspection Reports

   Service providers must have in their official files a copy of all current Food Service Inspection Reports (or their equivalents) completed by state or local health department staff, or a Registered Sanitarian, for each congregate nutrition site, food preparation site, and food service vendor/caterer used in the nutrition program. For the purposes of these standards, a food service vendor/caterer is defined as an entity contracted by the service provider to prepare meals for HDNS or CNS.

To be current, the date on the report must not exceed one year elapsed. If for any reason a congregate nutrition site, food preparation site, or food service vendor/caterer does not have a current Food Service Inspection Report, the AAA and the provider must take immediate action and work together to achieve compliance. This may entail hiring a private Registered Sanitarian, or working with the local health department to expedite an inspection.

2. Food and Beverage Service Handlers Permits

   All food service workers, either paid or working in a volunteer capacity, are required to earn their Food and Beverage Service Worker's Permit. Persons working in a paid or voluntary capacity have 14 days from commencement of their work to earn their permits. Service providers may pay the permit fees for their volunteers and paid staff.

   The Food and Beverage Service Workers' Permits earned by all food service workers must be maintained in the service provider's official files.

Foods should be prepared, displayed, served and transported with the least possible manual contact, with suitable equipment and utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.

Effective procedures for dish sanitizing, cleaning equipment, and work areas should be written, posted, and followed consistently.

On a daily basis, temperature checks should be taken with a food thermometer at the time all food leaves the production area (including the food service vendor/caterer's kitchen) and at the time of serving. Records of these temperature checks must be maintained in the nutrition program service provider's official files. Depending upon procedures involved in food preparation and delivery (e.g., transportation, receiving, storing and serving), additional temperature checks may be required.

Additional Food Safety Requirements for HDNS

Food and meals being transported to the home for use of the homebound participant should be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling.

The holding time, with appropriate temperature control, between food preparation and the consumption of the meal should be minimal to reduce opportunities for contamination and to maintain nutritional quality, food acceptability, and food safety. Providers are encouraged to enter into contracts that limit the amount of time meals must spend in transit before being consumed.

The transport equipment, packaging materials and procedures used by the service

provider to deliver meals to the home for immediate consumption should be able to maintain hot food temperatures at or above 140 F and cold food temperatures at or below 45 F from the time of packing to the time of delivery to the home of the participant.

Frozen foods or meals used in a home-delivered meals program should be based upon the ability of the service provider and homebound participant to provide safe conditions for the storage, thawing, and reheating of the frozen foods. Frozen food should be kept frozen until such time as it is to be thawed for use. Frozen food storage should be maintained at 0 F.

Food should only be supplied to the homebound participant for later consumption when adequate storage, refrigeration, reconstitution or heating equipment is available and can be used safely and properly by or for the participant.

On a daily basis, temperature checks should be taken with a food thermometer at the time all food leaves the production area (including the food service vendor/caterer's kitchen). On each delivery route, temperature checks of each food (with the exception of frozen, freeze dried, dehydrated or canned foods) should be taken with a food thermometer at the time of delivery of the last home-delivered meal. These temperature checks shall be done at least monthly, or more frequently to ensure required temperatures are maintained. The frequency shall be determined based upon the procedures involved in food preparation and delivery, e.g., transportation, receiving, storing, packaging and delivering. Records of these temperature checks must be maintained in the home-delivered nutrition program service provider's official files.

G. Food Quality

All foods used in the nutrition program must meet standards of quality, sanitation and safety applying to foods that are processed commercially and purchased by the program.

All foods used in the nutrition program must be:

1. from approved sources;
2. be in compliance with applicable state and local laws, ordinances and regulations;
3. and be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.

Hermetically sealed food which has been processed in an approved commercial food processing establishment may be used. Home-canned foods may not be used.

All foods contributed to the nutrition program must meet the same standards of quality, sanitation and safety that apply to foods processed commercially and purchased by the nutrition program.

Fresh or frozen meat and poultry used in the meals provided by the service provider must be USDA inspected. Wild game cannot be used in the nutrition program because it is not inspected by USDA and is considered "adulterated" and would not be approved for use

according to the Washington State Health Code.

Dried meat or dried fish may be used in meals only if it has been commercially processed at a government (including tribal) approved processing plant.

The service provider assumes the responsibility for determining the condition, quality and safety of fresh or frozen fish used in its food service since federal or state inspection of fresh or frozen fish is not required.

The service provider assumes responsibility for determining the condition, quality and safety of fresh produce used in its food service.

Purchasing procedures should assure availability of food, supplies and equipment in the quantity and quality consistent with established standards and at the most favorable prices consistent with set standards.

Service providers are encouraged to use locally produced foods whenever possible, and collaborate with local food producers and other food assistance programs to maximize access to and use of high quality, nutritious, affordable foods.

H. Food Service Standards

All staff working in the preparation of food must be under the supervision of a person who will ensure the application of hygienic techniques and practices in food handling, preparation and service. This supervisory person should consult with the Registered Dietitian or ICE for advice as necessary.

The service provider should prepare and serve the meal in such a manner as to ensure that each food item identified on the menu is readily available and easily accessible to each participant to maximize the likelihood that each participant will receive the full nutritional benefits of the meal.

Food should be prepared using production and presentation methods that enhance the palatability, hence acceptability, of the food served. Acceptability of the food served will depend upon appearance (color, consistency, shape or form, arrangement, size portion) and flavor (seasoning, texture, odor, temperature, degree of doneness).

In purchasing food and preparing and delivering meals, service providers should follow appropriate procedures to preserve nutritional value and food safety.

Foods used in the nutrition program should be selected, stored, prepared, and served in a manner to assure maximum nutrient content or food value.

<u>Additional requirements for CNS</u>

Meal service should be available for a period of time adequate for all participants to eat a leisurely meal.

Menus should be posted in a conspicuous location in each congregate nutrition site.

Service providers are not *required* to post signs at the congregate meal site about the use of sulfating agents, nuts, or other common food allergens, however, they should be prepared to identify all ingredients in the meals served in the event a participant asks for this information.

I. Standardization of Recipes and Portion Control

Recipes used by the nutrition program service provider should be adapted and standardized for use by carefully testing each recipe in its own kitchens with its particular equipment, available ingredients, and skills and abilities of its personnel. The recipes should then be adjusted for yield (number of servings) based on the number of people to be served and the portion size necessary to comply with nutrient requirements.

Except when food comes from a food service vendor/caterer, a file of standardized recipes which are acceptable to program participants should be kept and used for the purposes of:

1. Production Control: To save time and money by eliminating the guesswork and waste due to poor estimating of quantities and failures in cooking and reduce supervision time of inexperienced or new personnel.

2. Portion Control: To prevent leftovers and eliminate waste, or not having enough food at serving time or for the number of home-delivered meals required; assure that participants at congregate sites feel fairly treated when each person is served the same quantity or amount of food; predict food costs and stay within the budget; and provide examples of sensible portion sizes to help participants achieve or maintain healthy weights.

3. Quality Control: To achieve an acceptable finished product each time it is prepared because the weights and measures and food ingredients are the same each time; allow more time to develop pleasing items for a better accepted food program; accurately calculate the nutrient content of the meal by using the listed amounts of ingredients in each recipe in order to certify that the total meal will meet one-third of the Recommended Dietary Allowances when proper portion sizes are served.

4. Cost Control: To simplify purchasing because it helps establish what and how much food is needed; control food costs by using only exact quantities of food ingredients.

All food service workers should be familiar with, understand the need and purposes of, and be given the necessary equipment and utensils to use standardized portions. A visual standard of reference for portion size should be provided.

The nutrition program service provider should develop procedures for determining how many people will eat at each congregate nutrition site on each serving day, or how many home-delivered meals must be prepared in order for the food production staff to adjust their

standardized recipes to yield the proper number of portions.

The service provider should develop, and have approved by the AAA, a written policy describing the procedures the nutrition provider will follow regarding the use and handling of excess food not needed to serve CNS participants or prepare home-delivered meals. In developing these procedures, particular attention should be accorded to the sanitation and safety of the foods and the economic consequences that leftovers have on the service provider's food costs and budget. Use of leftovers is strongly discouraged in the preparation of home-delivered meals.

Leftovers may be offered to CNS participants as second helpings at those congregate settings that do not have on-site cooking facilities or methods to preserve leftover food to meet the nutritional standards for later consumption. Only if these meals meet 1/3 RDA may they be counted as a meal for reporting purposes. Staff who are not members of the eligible population may not take leftovers home.

If leftover meals are provided at a congregate site, a set of written instructions should be included with each meal. The instructions should include the date the meal was prepared, the discard date (two days following), refrigeration instructions, a statement about proper hand washing, instructions to reheat to 165 degrees, and a disclaimer that states: For your safety: food removed from this site must be kept hot or refrigerated promptly. We are not responsible for illness or problems caused by improperly handled food.

J. Nutrition Program Costs

The service provider must account for the program costs identified in this section. From these costs, the provider must determine an average per meal complete cost (including all costs from all categories) for both a home delivered and a congregate meal at least annually. The complete per meal cost is the amount that must be charged to non-eligible individuals and outside fund sources, such as COPES or an adult day services provider. Revenue and expenditures for home-delivered, congregate, and non-OAA funded meals must be accounted for separately. The per meal cost for Medicaid-funded (COPES) meals must not be more than the cost charged to other funds sources (CFR 42 Section 447.325).

The cost categories include:

1. Salaries and wages: labor costs for food preparation, cooking, and serving; cleaning of the dining facility, meal preparation areas, and food service equipment; transporting meals to nutrition sites or participants' homes; direct food service supervision.

2. Personnel benefits: costs for health insurance, pension, unemployment, OASI, workers' compensation, etc.

3. Supplies: costs of food raw food and food purchased with NSIP funds; all non-capital supplies and equipment such as serving supplies, disposables, cleaning materials, computers.

4. Other Services and Charges: space rental/leases; professional services; communications such as phone, Internet, postage; travel; advertising; insurance; utilities; repairs and maintenance; miscellaneous.

5. Capital Outlays: costs of capital items such as land and buildings, capital improvements, and equipment such as stoves, dishwashers, trucks and vans, steam tables, freezers, etc.

Nutrition education and outreach costs should be accounted for as required by the AAA.

K. Surplus Property

Nutrition program service providers are eligible to receive property which is declared surplus by the federal government in accordance with laws applicable to surplus property. See the General Administration website at http://www.ga.wa.gov/customer/cust-surplus.htm

L. Sales and Use Tax

The service provider is exempt from paying sales or use tax for:

1. Food or meals purchased at the wholesale or retail level and utilized by the nutrition program.

2. Donations for meals received from individuals participating in the nutrition program.

The service provider will not violate its tax-exempt status if it develops printed material suggesting a donation amount as a guide for participants to use when they make their donation.

M. Nutrition Services Incentive Program

AAAs and their nutrition program service providers are eligible to participate in the Nutrition Services Incentive Program (NSIP). The purpose of the NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The NSIP provides an allotment of cash or commodities to states and Indian Tribal Organizations (ITO) for their nutrition programs based on the number of meals served in the previous year in proportion to the total number of Title IIIC meals served by all states and ITOs that year, as reported in the State Program Reports (NAPIS).

Washington State has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAAs based on the number of NSIP-eligible meals served in the previous year in proportion to the total number of NSIP-eligible meals served by all AAAs as reported through NAPIS. NSIP cash may only be used to purchase United States (U.S.) agricultural commodities and other foods of U.S. origin.

Meals counted for purposes of NSIP reporting are those served to individuals listed in section III, Target Population and Eligibility. Meals that cannot be included in counts used to determine NSIP funding are:

1. Any meal that is served to a participant who is required to meet income eligibility criteria, such as COPES home-delivered meals, COPES adult day care meals, and adult day care meals for which Child and Adult Care Food Program (7CFR Part 226) funds have been claimed;

2. Meals served to adult day care participants for whom the cost of the meal is provided for in the adult day care rate paid by any source (as opposed to Title III participants eating at an adult day care program that also serves as a nutrition site);

3. Meals funded by Title IIIE served to caregivers under age 60;

4. Meals served to individuals under 60 who pay the full cost of the meal.

Service providers must maintain separate records to document that NSIP cash was used to purchase:

1. United States Agriculture commodities and other foods used in their food service;

2. Food in the meals furnished to them under contractual arrangements with food service management companies, caterers, restaurants or institutions, provided that each such meal contains United States produced commodities or other foods at least equal in value to the NSIP funding.

NSIP cash may be carried over into the next consecutive contract year at the AAA's discretion. NSIP cash which is carried over into the next contract period must be included in the service provider's budget for the next contract period and must be considered as a resource when projecting the total number of meals to be served in the next contract year.

N. Participant Information

Service providers must maintain in their official files information which identifies individual participants in the program and the date or dates on which they ate a meal during the program year. This information can be filed in a number of different ways; e.g., a daily meal attendance record, participant sign-in sheet, monthly attendance record, an electronic reporting system, etc.

The CNS service provider must collect the following information about each participant no later than his/her fifth meal at the congregate nutrition site:

1. Name, home address, and phone number of participant;
2. Name and phone number of participant's physician and/or person to contact in case of an emergency;
3. Special diet requirements, restrictions, or nutritional problems and concerns

expressed by the participant.

The nutrition services program provider must also collect other reporting data required by the AAA and ADSA including nutrition risk screening data.

With the exception of HDNS applicants who refuse to allow an in-home assessment to determine eligibility for home-delivered meals, participants may not be denied service if they refuse to provide the required information. This in no way relieves the provider of the responsibility to make reasonable attempts to get the information from the participant and to explain the reasoning behind the request.

O. Participant Donations

Nutrition program service providers must provide each person served a meal funded by Title III or SCSA with the opportunity to make a voluntary and confidential donation to the cost of the meal. The AAA shall consult with the service providers and older individuals to determine the best method for accepting voluntary contributions and to ensure that any method used is not coercive.

1. Privacy and Confidentiality

   The service provider must protect the privacy of each older person with respect to his/her donation or lack of contribution.

   The service provider must arrange for methods of receiving donations from individuals in such a manner as not to publicly differentiate among individual donations. The service provider should periodically assess the nutrition program's methods of receiving donations to ensure that the confidentiality of each individual donation is not compromised.

2. Collection of Donations

   Each service provider may develop a suggested donation schedule for services received. In developing a donation schedule, the provider should consider the income ranges of older persons in the community and the provider's other sources of income. Suggested donation schedules must in no case be used as a means test to determine the eligibility of individuals to participate in the nutrition program.

   The amount of donation, if any, should be determined by each participant according to his/her ability to donate. Providers must clearly inform participants that there is no obligation to contribute and that the contribution is purely voluntary.

   The service provider may not deny any older person a meal because the older person will not or can not contribute to the cost of the meal.

3. Use and Handling of Donations

Donations made by older persons are considered program income. Nutrition services donations must be used to increase the number of meals served by a program, to facilitate access to such meals, and to provide other supportive services directly related to nutrition services. The service provider should develop, and the AAA should approve and monitor, specific written guidelines and procedures for the collection of donations for meals served at nutrition sites.

The service provider should develop, and the AAA should approve and monitor, specific procedures for collecting, handling, counting, and depositing cash donations or their equivalents. These procedures must follow generally accepted accounting principles (refer to Aging and Disability Services Administration's AAA Policies and Procedures Manual – Chapter 9, Fiscal Procedures).

4. Donations Using Basic Food Program Benefits

Basic Food Benefits, in the form of the Quest Card, may be accepted from participants as contributions toward the cost of the meal. Because benefits are available only through the Quest Card, an electronic benefits transfer (EBT) system, the service provider must inform participants that these donations can not be completely confidential.

In order to accept contributions through the Quest Card, the provider must be certified by the USDA Food and Nutrition Service (FNS) and have a contract with the State's EBT vendor, the financial institution that administers the EBT system. If the provider receives over $100/month in basic food contributions, a point of sale (POS) machine will be provided by the Basic Food Program. If the provider receives less than $100/month per meal site or delivery route, manual vouchers will be provided by the Basic Food Program. To contribute with vouchers, a participant would have to request a voucher(s) from a staff person and sign it. The staff person must call a toll-free number to verify that the participant has the contribution amount in his account. The provider must then redeem the voucher through the State's EBT vendor within 30 days.

The service provider must assure that all provisions relating to the use and handling of basic food benefits as prescribed by federal, state and local agencies responsible for administering the Basic Food Program are met.

Providers must contact the Food and Nutrition Service at (206)553-7410 to become a Basic Food vendor.